


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90103 033 ***150.00

DOCUMENT # S62688		
1. Entity Name PRIMA PIZZA AND PASTA, INC.		

Principal Place of Business 480 US1 UNIT A SEBASTIAN, FL 32958	Mailing Address 480 US1 UNIT A SEBASTIAN, FL 32958
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40023344

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02252006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3072807	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PACICCA, GLENN D. 480 U.S. #1 UNIT A SEBASTIAN, FL 32958	

7. Name and Address of New Registered Agent	
Name LORETTA EMMONS	
Street Address (P.O. Box Number is Not Acceptable) 480 U.S. #1 UNIT A	
City SEBASTIAN	FL Zip Code 32958

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>[Signature]</i>	DATE 2/28/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE DBT	<input type="checkbox"/> Delete
NAME PACICCA, GLENN D.	
STREET ADDRESS 335 53RD CIRCLE	
CITY-ST-ZIP VERO BEACH, FL 32968	
TITLE VTD	<input checked="" type="checkbox"/> Delete
NAME PACICCA, SUZANNE	
STREET ADDRESS 335 53RD CIRCLE	
CITY-ST-ZIP VERO BEACH, FL 32968	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PTSD EMMONS, LORETTA	
STREET ADDRESS 480 U.S. #1 UNIT A	
CITY-ST-ZIP SEBASTIAN, FL 32958	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i>	Date 2/25/06 (772) 589-6949